

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>S-2</i>		<i>07-10-01</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>Sp3</i>	<i>859</i>	<i>08-12-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted 0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

80 4  
08/12/01

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